•		PAREB	<pre>FEE(S)</pre>	TRANSMITT	AL			
	this form, together w	AUG 0 9 20	or Ex	P.O. Box Alexandi Fax (571)-273	sioner 101 (1450 ria, Virgi 3-2885	r Patents nia 22313-1450		
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected by maintenance fee notification	m should be used for tran respondence including the selow or directed otherwise	smitting the ISSU Patents and the in Block I, by (a	EE and lers and noti) specifying a	PUBLICATION FE fication of maintena a new corresponden	EE (if requi ance fees w ice address;	red). Blocks 1 through 5 s rill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/699,729	10/699,729 11/04/2003			Cote		IQB-0007C3	6432	
TITLE OF INVENTION: M	ETHOD AND APPARATU	IS FOR ENCODIN	G/DECODIN	IG IMAGE DATA				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300		\$1000	08/10/2006	
EXAMINER		ART UNIT		CLASS-SUBCL	ASS			
COUSO, YON JUNG		2624		382-23200	0			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
IQ BIOMETRIX, INC. CALIFORNIA U.S.A.								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed: 4b Size Fee Dublication Fee (No small entity discount permitted)				b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims St The Director of the USPTO NOTE: The Issue Fee and Po	MALL ENTITY status. See	37 CFR 1.27.	• •			L ENTITY status. See 37 C		
NOTE: The Issue Fee and Puinterest as shown by the reco	ionication Fee (if required) virds of the United States Pate	vill not be accepted out and Trademark	office.			stered attorney or agent; or t 36 HBEYENE2 88888849 1		
Authorized Signature		Da	:01 FC:150	August 9, 2006	309.00 OP 708.00 OP			
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